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ABSTRACT

This leaflet discusses alcohol and other drug abuse prevention for individuals with hidden disabilities such as cancer, epilepsy, diabetes, kidney failure, hemophilia, hypertension, early stages of acquired immune deficiency syndrome (AIDS), or heart disease. Their increased risk for alcohol and other drug abuse and reasons for increased risk are noted. Suggestions are offered to improve program access for individuals with hidden disabilities and to bring about positive interactions with this population. Four myths about individuals with hidden disabilities are noted and dispelled with factual information. Sources of additional information are listed, including four government agencies, thirteen organizations, three community contacts, and five references. (JDD)

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RESOURCE CENTER ON SUBSTANCE ABUSE PREVENTION AND DISABILITY

A Look at Alcohol and Other Drug Abuse Prevention and... HIDDEN DISABILITIES

People with hidden disabilities appear to be physically nondisabled, healthy, and productive, leading normal lives. They have "hidden" conditions such as cancer, epilepsy, diabetes, lung disease, kidney failure, hemophilia, hypertension, early stages of AIDS, or heart disease. Therefore most people will expect them to be totally self-sufficient and competent. Yet within the disability community, they do not feel like they belong—not "disabled enough" to fit into a group of active, assertive people with disabilities. Their numbers are far greater than those of any one disability group, but they are often in a state of limbo about belonging—feeling without a place in anyone's world. People with hidden disabilities are caught between not being fully accepted as a nondisabled person, yet not being recognized as someone with a "real" disability either.

The lawmakers of the Americans with Disabilities Act of 1990 (ADA) continued in the tradition of Section 504 and includes people with hidden disabilities. This is demonstrated by the broad definition of disability which included persons with a history of impairment and those who are perceived as having a disability. This is further reinforced by ADA regulations which encourage people with hidden disabilities to disclose their impairments and seek the full protection of the new federal law.

The Implications of Alcohol and Other Drug Use

For people with hidden disabilities, there are increased risks for alcohol and other drug abuse which may not be immediately apparent. These can include:

- decreased tolerance for mind altering drugs,
- atypical childhood experiences,
- lower resistance to peer pressure,
- overprotection by family members, and
- long-term use of medications

These risks are increased when teachers, employers, or peers do not understand how needs or behaviors are related to a disability that is not obvious. Misunderstandings and unrealistic expectations stifle self-esteem while promoting alcohol and other drug abuse.

Chronic pain and recurring medical relapses also place some people with hidden disabilities at risk for alcohol and other drug abuse. These conditions can lead to abuse of medication alone, or in combination with drugs such as alcohol (O'Donnell et al, 1981-82; Greer, 1986; Rapaport, 1987). Ironically, the use of drugs to alleviate long-term pain in some cases actually exacerbates the discomfort while increasing the likelihood for alcohol and other drug dependency.

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Alcohol and other drug abuse prevention efforts should include information specific to the person's disability. For example, the following points might be emphasized in discussions with a person who has a hidden disability:

- If a person has diabetes, the use of alcohol and other drugs can aggravate it and lead to blindness, kidney failure and other physical problems.
- The effects of alcohol and other drugs may interfere with medications, especially those designed to prevent seizure episodes. They also may lower the seizure threshold.
- The difference between taking medication and using alcohol and other drugs to deal with negative self images and emotions. It is important to learn effective ways to deal with stress and other problems and not use alcohol and other drugs to do so.

REMEMBER
ASK AND LISTEN!

A person with
a disability
is the expert
about his or her
disability.

Suggestions to Improve Access and Positive Interactions

If you think that someone has a hidden disability, ask questions that may be appropriate to the treatment process. For example, "Is there anything about you we have not discussed that might make it difficult to participate in this program? meet the program requirements? engage in these physical activities?"

The removal of barriers and provision of reasonable accommodation for people with hidden disabilities is highly individualized. Sometimes the evidence of your genuineness and openness to more obvious disabilities will make people with hidden disabilities more likely to discuss openly the accommodations they require.

Provide an environment conducive to self-disclosure. This includes hiring people with disabilities; establishing a reputation for confidentiality; formally inviting employees and clients to self-identify; and providing descriptive literature and speakers regarding your interest in serving people with disabilities.

Once a person is identified as having a disability, an open and honest discussion can follow regarding the need for and nature of accommodation required. For most hidden disabilities, the primary accommodation required will be acceptance by the staff and clients.

Hidden disabilities are not contagious. Under the ADA, the Secretary of Health and Human Services will publish a list of contagious diseases each year and the conditions under which diseases may be transmitted. There is no reason to avoid people with disabilities for fear you might catch something.

MYTHS & FACTS

MYTH: *Hidden disabilities, such as emphysema or cystic fibrosis, are contagious.*

FACT: Hidden disabilities are not contagious, including respiratory problems accompanied by coughing or wheezing. Segregation makes the person feel abnormal and increases fear and misunderstanding.

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MYTH: *All people with cancer are dying.*

FACT: Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. More than one third of people with cancer today are completely cured, and the others are living with cancer, not dying of it. Many cancers can be cured if detected and treated promptly.

MYTH: *Insulin cures diabetes.*

FACT: There is no cure for diabetes, but insulin combined with exercise and diet can result in productive and healthy living despite diabetes.

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MYTH: *People with epilepsy are likely to have seizures at any time.*

FACT: Over 2 million Americans have seizure disorders and the overwhelming majority are controlled by medication. Many seizure episodes are as mild as blinking or a brief lapse of attention.

For More INFORMATION

Government Agencies

National Cancer Institute
Building 31, Room 10A16
9000 Rockville Pike, Bethesda, MD 20892
(301) 496-6631

National Heart, Lung and Blood Institute
Building 31, 9000 Rockville Pike, Bethesda, MD 20892
(301) 496-4236

National Institute of Diabetes and Digestive and
Kidney Diseases
Building 31, 9000 Rockville Pike
Bethesda, MD 20892
(301) 496-3583

National Institute of Neurological Disorders and Stroke
Building 31, Room 8A06, 9000 Rockville Pike
Bethesda, MD 20892
(301) 496-5924

For More INFORMATION (continued)

Organizations

AIDS Information (Hotline)
(800) 342-2437 • (800) 243-7889 TDD

American Cancer Society
1599 Clifton Road, NE Atlanta, GA 30329
(800) ACS-2345

American Diabetes Association
1660 Duke Street, Alexandria, VA 22314
(800) 232-3472

American Heart Association
7320 Greenville Avenue, Dallas, TX 75231
(214) 373-6300

American Lung Association
1740 Broadway, 14th Floor, New York, NY 10019
(212) 315-8700

Arthritis Foundation
1314 Spring Street, NW
Atlanta, GA 30309 (800) 283-7800

Cystic Fibrosis Foundation
6931 Arlington Road
Bethesda, MD 20814 (800) 344-4823

Epilepsy Foundation of America
4351 Garden City Drive, Landover, MD 20785
(800) 332-1000 • (301) 459-3700 Voice and TDD

National AIDS Clearinghouse
PO Box 6003
Rockville, MD 20850
(800) 458-5231

National Chronic Pain Outreach Association
7979 Old Georgetown Road, Suite 100
Bethesda, MD 20814 (301) 652-4948

National Diabetes Information Clearinghouse
Box NDIC, 9000 Rockville Pike
Bethesda, MD 20892 (301) 468-2162

National Kidney Foundation
30 East 33rd Street
New York, NY 10016 (212) 889-2210

National Kidney and Urologic Diseases Information
Clearinghouse
Box NKUDIC, 9000 Rockville Pike
Bethesda MD 20892 (301) 468-6345

Community Contacts

Many of the listed organizations have state and local chapters.

To locate additional resources contact your state Governor's Committee of People with Disabilities

or obtain a State Resource Sheet from

National Information Center for Children and Youth
with Disabilities
PO Box 1492, Washington, DC 20013
(703) 893-6061 • (800) 999-5599 • (703) 893-8614 TDD

References

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This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
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